

STATE OF MONTANA
DEPARTMENT OF INSURANCE
840 Helena Avenue, Helena, MT 59601
1-800-332-6148 (in state)
(406) 444-2040 - Fax (406) 444-3497
web site – <http://sao.mt.gov>

INDIVIDUAL APPLICANT INSTRUCTIONS
FOR A RESIDENT PRODUCER LICENSE

Applicants for a Montana Resident Insurance Producer License are required to complete the NAIC Uniform Application for Resident License. A complete application packet will include:

- Application Form – completed by the applicant and information must be current to date of application.
- Proof of passing – test scores from the licensing examination
(Note – you must be fingerprinted at the testing site at the time of testing even if you have been finger printed else where for something else.)
- If you are requesting licensure to market variable products, a CRD confirmation of status must accompany the application.
- Incomplete applications will not be processed – unanswered requests for information to complete an application will result in the application being rejected.

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INDIVIDUAL PRODUCER APPLICATION FOR LICENSE

(THIS FORM MAY BE DUPLICATED)

- () RESIDENT
- | | |
|--------------------|--------------------------|
| () CASUALTY | () LIFE |
| () PROPERTY | () DISABILITY |
| () SURETY | () VARIABLE CONTRACTS |
| () TITLE | () TRAVEL |
| () PERSONAL LINES | () TRIP |
| | () LIMITED LINES CREDIT |

1. Name of Applicant: _____
Last First Middle

Sex (Circle One) M F

2. Business Address: _____
(Where Insurance license will be posted) City State Zip

3. Residence Address: _____
Street City State Zip

4. Mailing Address: _____
Street City State Zip

5. Date of Birth: _____ Social Security: _____

6. Business Phone No.: _____ Residence Phone No.: _____

7. Detail residence, employment, etc., for the past three years to date.

From Mo/Yr	To Mo/Yr	Residence	Employer	Occupation if Self Employed
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8. Were you ever previously licensed in this or another state? Yes () No ()
If yes, give state and years for which you were licensed: _____

9. Has any administrative action* ever been taken against you? Yes () No ()

*You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If yes, give details: _____

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10. Have you ever, in this or another state, been refused a license or had your license suspended or revoked?

Yes () No ()

If yes, give details: _____

11. Have you ever been convicted of a felony?

Yes () No ()

If yes, attach copies of court documents: _____

12. Have you ever had an agency contract with a company canceled for a reason other than lack of production or mutual agreement?

Yes () No ()

If yes, give details? _____

13. If the application is for life and/or disability insurance, are you an officer, employee, representative, or hold any interest in a funeral business?

Yes () No ()

14. Are you familiar with the laws of Montana governing the solicitation and sale of insurance?

Yes () No ()

15. Do you understand that you are not to solicit or sell insurance until a license has been issued to you by the Insurance Department and an appointment has been issued to you by the insurer?

Yes () No ()

16. What instruction in insurance have you had or do you expect to receive? _____

Signature of Applicant